

(Follow form instructions)

- FAX one copy to 202/682-5610 or 202/682-5609

|                                                                                                                                                                                                                                                                                                 |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------|----------------|-------------------------------------------------------------------------|-----------------|------------------------------------------------|------------------|-----------------------------------------------|--|
| 1. Federal Agency and Organizational Element to Which Report is Submitted                                                                                                                                                                                                                       |         |                                            |                | 2. Federal Grant or other Identifying Number Assigned by Federal Agency |                 |                                                |                  | Page 1 of 1                                   |  |
| <b>National Endowment for the Arts</b>                                                                                                                                                                                                                                                          |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| 3. Recipient Organization (Name and complete address including Zip code)                                                                                                                                                                                                                        |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| 4a. DUNS Number                                                                                                                                                                                                                                                                                 |         | 4b. EIN or TIN (tax identification number) |                | 5. Recipient Account Number or Identifying Number                       |                 | 6. Report Type<br><br>Interim<br>Final         |                  | 7. Basis of Accounting<br><br>Cash<br>Accrual |  |
| 8. Project/Grant Period<br>From: (mm/dd/yyyy) To: (mm/dd/yyyy)                                                                                                                                                                                                                                  |         |                                            |                |                                                                         |                 | 9. Reporting Period End Date (mm/dd/yyyy)      |                  |                                               |  |
| 10. Transactions                                                                                                                                                                                                                                                                                |         |                                            |                |                                                                         |                 | Cumulative                                     |                  |                                               |  |
| <i>(Use lines a-c for single or multiple grant reporting)</i>                                                                                                                                                                                                                                   |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| <b>Federal Cash (to report multiple grants, also use FFR Attachment):</b>                                                                                                                                                                                                                       |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| a. Cash Receipts                                                                                                                                                                                                                                                                                |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| b. Cash Disbursements                                                                                                                                                                                                                                                                           |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| c. Cash on Hand (line a minus b)                                                                                                                                                                                                                                                                |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| <i>(Use lines d-o for single grant reporting)</i>                                                                                                                                                                                                                                               |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| <b>Federal Expenditures and Unobligated Balance:</b>                                                                                                                                                                                                                                            |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| d. Total Federal funds authorized                                                                                                                                                                                                                                                               |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| e. Federal share of expenditures                                                                                                                                                                                                                                                                |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| f. Federal share of unliquidated obligations                                                                                                                                                                                                                                                    |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| g. Total Federal share (sum of lines e and f)                                                                                                                                                                                                                                                   |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| h. Unobligated balance of Federal funds (line d minus g)                                                                                                                                                                                                                                        |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| <b>Recipient Share:</b>                                                                                                                                                                                                                                                                         |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| i. Total recipient share required                                                                                                                                                                                                                                                               |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| j. Recipient share of expenditures                                                                                                                                                                                                                                                              |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| k. Remaining recipient share to be provided                                                                                                                                                                                                                                                     |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| <b>Program Income:</b>                                                                                                                                                                                                                                                                          |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| l. Total Federal program income earned                                                                                                                                                                                                                                                          |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| m. Program income expended in accordance with the deduction alternative                                                                                                                                                                                                                         |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| n. Program income expended in accordance with the addition alternative                                                                                                                                                                                                                          |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| o. Unexpended program income (line l minus line or line n)                                                                                                                                                                                                                                      |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| 11. Indirect Expense                                                                                                                                                                                                                                                                            | a. Type | b. Rate                                    | c. Period From | Period To                                                               | d. Base         | e. Amount Charged                              | f. Federal Share |                                               |  |
|                                                                                                                                                                                                                                                                                                 |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
|                                                                                                                                                                                                                                                                                                 |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
|                                                                                                                                                                                                                                                                                                 |         |                                            |                | g. Totals:                                                              |                 |                                                |                  |                                               |  |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal Sponsoring agency in compliance with governing legislation:                                                                                                                                            |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| 13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| a. Typed or Printed Name and Title of Authorized Certifying Official                                                                                                                                                                                                                            |         |                                            |                |                                                                         |                 | c. Telephone (Area code, number and extension) |                  |                                               |  |
|                                                                                                                                                                                                                                                                                                 |         |                                            |                |                                                                         |                 | d. Email address                               |                  |                                               |  |
| b. Signature of Authorized Certifying Official                                                                                                                                                                                                                                                  |         |                                            |                |                                                                         |                 | e. Date Report Submitted (mm/dd/yyyy)          |                  |                                               |  |
| <b>FOR AGENCY USE ONLY</b>                                                                                                                                                                                                                                                                      |         |                                            |                |                                                                         |                 |                                                |                  |                                               |  |
| GRANTS & CONTRACTS REVIEWER:                                                                                                                                                                                                                                                                    |         |                                            |                |                                                                         | G & C APPROVAL: |                                                |                  |                                               |  |